

as far back as 1762, when Dupont described it as used in the garrison at Strasburg. The vapours arising from the livers of sheep or calves have since been employed with advantage by Stoeber and others, and quite recently by several Italian practitioners.—*B. and F. Med.-Chirurg. Rev.*, Oct., 1858.

MIDWIFERY.

41. *Duration of Pregnancy.*—ELSASSER records his observations on the duration of pregnancy, made in the Stuttgart Institution. He is of opinion that no single method of computing the length of pregnancy can be taken as trustworthy; neither the date of conception, nor menstruation, nor the first fetal movements. By the reckoning from the day of conception, out of 260 mature children, only 23, or 8.8 per cent., were born on the 280th day; 166, or 63.8 per cent., before, and 71, or 27.3 per cent., after this day. The greatest number of births (126 = 48.4 per cent.) fell between the 271st and 280th days. Of the recorded cases, 140 were first births; of these, gestation lasted in 14 exactly 280 days; in 96 a shorter time, and in 39 longer. In 111 pluriparæ, 9 lasted 280 days, 70 less, and 32 longer. The sex of the child appeared to exercise no influence. In reckoning from the commencement of the last menstruation, out of 175 deliveries, 12 = 6.8 per cent. took place on the 280th day; 43 = 24.5 per cent., before; and 120 = 68.5 per cent., after. The greatest number of deliveries fell between the 280th and 290th days. Thus, by the reckoning from the beginning of the last menstruation, 93 per cent., and by the reckoning from conception, 91.1 per cent. of all the cases lasted a less or longer time than 280 days. The weight of the children is in no constant relation with the length of the gestation.—*Brit. and F. Med.-Chirurg. Rev.*, Oct., 1858, from *Henke's Zeitschrift*, 1857.

42. *Port Wine Enemata as a Substitute for Transfusion of Blood in cases of Post-Partum Hemorrhage.*—DR. H. L. WILLIAMS recommends enemata of port wine in cases of post-partum hemorrhage, and records (*British Med. Journ.*, Sept. 4, 1858) a case in which he successfully resorted to it. The patient was in the most alarming state of prostration, pulseless at the wrist, with cold extremities, &c. Dr. W. commenced by administering four ounces of port wine with twenty drops of tincture of opium. The patient speedily manifested signs of improvement. In half an hour he repeated the enema, with marked advantage, and the patient was soon out of danger.

43. *Inversion of the Uterus successfully reduced.*—DR. F. S. VERITY, of Hemmingford, records (*Medical Chronicle*, Montreal, Nov., 1858) the following interesting example of this:—

Mrs. R. was about 40 years of age, and the mother of 9 children; her figure was squat and round, showing a large roomy pelvis; the abdomen pendulous; her health strong and rugged. She was taken in labour with her 10th child, and, while walking up and down, a sudden pain expelled the child, which fell on the floor, and was not materially hurt. Not so, however, the mother: the same pain which forced the fœtus from the uterus, "brought down," to use the words of the messenger who came for me, "the whole of her inside." I arrived at the scene of the accident about an hour afterwards. I found the woman lying on her back on a mattress placed on the floor, deluged in blood. She was moaning and sighing, tossing her arms wildly about, and gasping for cold air. Her pulse could scarcely be felt at the wrist, and her countenance was blanched and ghastly. When the nurse turned down the bedclothes I was stunned; I saw before me my first, and I devoutly hope my last, case of "inversion of the uterus." Occupying the space between her thighs and nearly reaching down to her knees, was a large red membranous-looking mass, from which blood was oozing, and at its lowest part (the fundus), almost disguised by clotted blood, was attached the placenta. I immediately administered a tumbler of spirit and water, cold, with

tr. opii in it; applied warmth and friction to the extremities, and, without waiting, forthwith proceeded to reduce the uterine mass to its proper position. After cleansing it from the clotted blood, the question arose in my mind, shall I reduce without removing placenta or not? Fearful of increasing the hemorrhage, I determined to reduce with the placenta attached. Recollecting the rules laid down in the books, I began the attempt, and an attempt it was only. As soon as I touched the uterus, it contracted and shrunk, and gave me the feeling as if I was holding a live eel in my hand. I tried two or three times gently, but firmly, to reduce it according to the usual directions; but I made not the least impression on it. The weight of the placenta bothered me greatly; for on attempting to return the part that had last protruded, it was constantly dragged out of my fingers by the weighty placenta. The rules were now useless to me. What was to be done, hemorrhage still going on and the woman sinking? I determined to remove the placenta, and reduce the uterus by pressure on the fundus. I quickly detached the placenta, and was most agreeably surprised to find there was very little hemorrhage; in fact after it was removed the mass shrunk in volume. I now placed my left hand and forearm under the organ, and supporting it in a line with the proper axis, with my right hand half shut, I pressed the tips of my rounded fingers firmly against the fundus, and pushed it upwards until my fingers were arrested by the constricted os. I made firm, but cautious, pressure against it, and in about half a minute I felt it yield. I then boldly, but cautiously, carried my hand upward in the axis of the pelvis, and, when my wrist was passing the constricted os, the fundus suddenly shot from my hand, and the organ resumed its usual position. Retaining my hand within the uterus for a short time, constriction took place, and the uterus returned to its proper state and condition. Of course I waited and watched. I gave her an opiate, and, at the end of 6 hours, left my patient safe for the present. The loss of blood had been frightful: I ordered broths and nourishment, and on leaving gave the strictest injunctions to maintain the horizontal position. The next day she was very much improved, and in good spirits. I introduced the catheter twice in the 24 hours; kept her perfectly still; nourished her well with broths, &c., and forbade her on any account to rise in bed. On the third day, I was suddenly sent for, when I had the inexpressible mortification to find she had just died. It appears that her nurse did not think her clothes clean enough, so a change of night-dress was resolved on. She sat up in bed to make the requisite change. After complaining "of giddiness and singing in the head," she fell back on her pillow and expired.

44. *On some of the Morbid Conditions which give rise to Sterility in Women.*
 —Dr. CARL MAYER read a paper on this subject before the Obstetrical Society of Berlin. He showed that notwithstanding the important investigations of modern times upon the subject of conception, we have not yet made much progress in reference to it, inasmuch as we are still ignorant of the conditions under which this interesting occurrence is brought about, and of its further course. Although, too, the brilliant results recently afforded by the microscope deserve the greatest attention, and have both already borne, and shall certainly still bear, important fruits, a great number of practical questions have as yet received no elucidation. We still know as little as we formerly did, why conception results from a particular connection, while in a hundred or a thousand instances it does not follow from intercourse under the same external conditions. We are as yet unable to explain why many healthy women conceive only at regular intervals of three, four, five, or more years, notwithstanding the connection regularly takes place during the intervals. We cannot say why women often conceive for the first time after several years of married life (the speaker saw it once occur after the lapse of twenty-five years); we cannot give a reason why one marriage should prove unfruitful, while the same individuals entering into another should beget and bring forth children. But such questions are very important in a practical point of view, for in the existing state of ignorance of the conditions necessary to conception, we grope in the dark in the investigation of the causes and in the treatment of sterility. Hence, too, it comes, that physicians, in cases in which they give advice to barren women as to the attainment of their most ardent wish, in